



DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF FOOD, DRUG AND RADIATION PROTECTION
51 N STREET, N.E., ROOM 6025
WASHINGTON, DC 20002

APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

INSTRUCTIONS- COMPLETE ITEMS 1 THROUGH 16 IF THIS IS AN INITIAL APPLICATION OR AN APPLICATION FOR RENEWAL OF A LICENSE. INFORMATION CONTAINED IN PREVIOUS APPLICATIONS FILED WITH THE DEPARTMENT WITH RESPECT TO ITEMS 8 THROUGH 15 MAY BE INCORPORATED BY REFERENCE PROVIDED REFERENCES ARE CLEAR AND SPECIFIC. USE SUPPLEMENTAL SHEETS WHERE NECESSARY. ITEM 1 MUST BE COMPLETED ON ALL APPLICATIONS. MAIL TWO (2) COPIES TO:

BUREAU OF FOOD, DRUG AND RADIATION PROTECTION, 51 N STREET, N.E., ROOM 6025, WASHINGTON, DC 20002

UPON APPROVAL OF THE APPLICATION, THE APPLICANT WILL RECEIVE A RADIOACTIVE MATERIAL LICENSE.

1. (A) NAME & STREET ADDRESS OF APPLICANT (INSTITUTION, FIRM, HOSPITAL, PERSON, ETC., INCLUDE ZIP CODE)		(C) STREET ADDRESS(ES) AT WHICH RADIOACTIVE MATERIAL WILL BE USED (DIFFERENT FROM 1(A) INCLUDE ZIP CODE.)
(B) BUSINESS TELEPHONE (INCLUDE AREA CODE)		
2. DEPARTMENT TO USE RADIOACTIVE MATERIAL		3. PREVIOUS LICENSE NUMBER(S) (IF THIS IS AN APPLICATION FOR RENEWAL OF OR AMENDMENT TO A LICENSE, PLEASE INDICATE AND GIVE NUMBER.)
4. INDIVIDUAL USER(S) (NAME & TITLE OF INDIVIDUAL(S) WHO WILL USE OR DIRECTLY SUPERVISE USE OF RADIOACTIVE MATERIAL. GIVE TRAINING & EXPERIENCE IN ITEMS 8 & 9.)		5. RADIATION SAFETY OFFICER (NAME OF PERSON DESIGNATED AS RADIATION SAFETY OFFICER IF OTHER THAN INDIVIDUAL USER. ATTACH SUMMARY OF TRAINING & EXPERIENCE AS IN ITEMS 8 AND 9.)
6. (A) RADIOACTIVE MATERIAL (ELEMENTS AND MASS NUMBER OF EACH)	(B) CHEMICAL AND/OR PHYSICAL FORM & MAXIMUM NUMBER OF MILLICURIES OF EACH CHEMICAL AND/OR PHYSICAL FORM THAT YOU WILL POSSESS AT ANY ONE TIME (IF SEALED SOURCE(S), ALSO STATE NAME OF MANUFACTURER, MODEL NUMBER, NUMBER OF SOURCES, AND MAXIMUM ACTIVITY PER SOURCE.)	
7. DESCRIBE PURPOSE FOR WHICH RADIOACTIVE MATERIAL WILL BE USED (IF RADIOACTIVE MATERIAL IS FOR "HUMAN" USE, A SUPPLEMENTARY FORM (HUMAN USE APPLICATION) MUST BE COMPLETED IN LIEU OF THIS ITEM. IF RADIOACTIVE MATERIAL IS IN THE FORM OF A SEALED SOURCE, INCLUDE THE MAKE AND MODEL NUMBER OF THE STORAGE CONTAINER AND/OR DEVICE IN WHICH THE SOURCE WILL BE STORED AND/OR USED.)		

TRAINING AND EXPERIENCE OF EACH INDIVIDUAL NAMED IN ITEM 4 (USE SUPPLEMENTAL SHEETS IF NECESSARY)

8. TYPE OF TRAINING	WHERE TRAINED	DURATION OF TRAINING	ON THE JOB (CHECK ONE)	FORMAL COURSE (CHECK ONE)
A. PRINCIPLES AND PRACTICES OF RADIATION PROTECTION			[] YES [] NO	[] YES [] NO
B. RADIOACTIVITY MEASUREMENT STANDARDIZATION & MONITORING TECHNIQUES AND INSTRUMENTS			[] YES [] NO	[] YES [] NO
C. MATHEMATICS AND CALCULATIONS BASIC TO THE USE AND MEASUREMENT OF RADIOACTIVITY			[] YES [] NO	[] YES [] NO
D. BIOLOGICAL EFFECTS OF RADIATION			[] YES [] NO	[] YES [] NO

9. EXPERIENCE WITH RADIATION (ACTUAL USE OF RADIOISOTOPIES OR EQUIVALENT EXPERIENCE)				
ISOTOPE	MAXIMUM AMOUNT	WHERE EXPERIENCE WAS GAINED	DURATION OF EXPERIENCE	TYPE OF USE

10. RADIATION DETECTION INSTRUMENTS (USE SUPPLEMENTAL SHEETS IF NECESSARY)						
TYPE OF INSTRUMENTS (INCLUDE MAKE & MODEL NO. OF EACH)	NUMBER AVAILABLE	RADIATION DETECTED	SENSITIVITY RANGE (MR/HR)	WINDOW THICKNESS (MG/CM2)	USE (MONITOR, SURVEY MEASURES)	

11. METHOD, FREQUENCY, & STANDARDS USED IN CALIBRATING INSTRUMENTS LISTED ABOVE.

12. FILM BADGES, DOSIMETERS, & BIO-ASSAY PROCEDURES USED (FOR FILM BADGES, SPECIFY METHOD OF CALIBRATING AND PROCESSING, OR NAME OF SUPPLIER)

INFORMATION TO BE SUBMITTED ON ADDITIONAL SHEETS IN DUPLICATE

13. FACILITIES AND EQUIPMENT, DESCRIBE LABORATORY FACILITIES AND REMOTE HANDLING EQUIPMENT, STORAGE CONTAINER, SHIELDING, FUME HOODS, ETC.
EXPLANATORY SKETCH OF FACILITY IS ATTACHED [] YES [] NO

14. RADIATION PROTECTION PROGRAM, DESCRIBE THE RADIATION PROTECTION PROGRAM INCLUDING CONTROL MEASURES. IF APPLICATION COVERS SEALED SOURCES, SUBMIT LEAK TESTING PROCEDURES WHERE APPLICABLE, NAME, TRAINING AND EXPERIENCE OF PERSON TO PERFORM LEAK TESTS, AND ARRANGEMENTS FOR PERFORMING INITIAL RADIATION SURVEY, SERVICING, MAINTENANCE AND REPAIR OF THE SOURCE.

15. WASTE DISPOSAL. IF A COMMERCIAL WASTE DISPOSAL SERVICE IS EMPLOYED SPECIFY NAME OF COMPANY. OTHERWISE SUBMIT DETAILED DESCRIPTION OF METHODS WHICH WILL BE USED FOR DISPOSING OF RADIOACTIVE WASTES AND ESTIMATES OF THE TYPE AND AMOUNT OF ACTIVITY INVOLVED.

CERTIFICATE (THIS ITEM MUST BE COMPLETED BY APPLICANT)

16. THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1 CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH THE LAWS, RULES AND REGULATIONS OF THE DISTRICT OF COLUMBIA AND THE DEPARTMENT OF HEALTH, IN EFFECT ON THIS DATE, AND THAT INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

APPLICANT NAMED IN ITEM 1

BY

DATE: _____

TITLE OF CERTIFYING OFFICIAL